

FILED JUN 24 1957

## STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 660

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>St. Joseph</u>		c. CITY OR TOWN <u>Savannah</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>ST. Joseph Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>4 mi. East, 3 mi. South</u>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Charles Duane Dye</u>		4. DATE OF DEATH Month Day Year <u>June 13, 1957</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 29, 1940</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		11. BIRTHPLACE (City and state or country) <u>St. Joseph, Mo.</u>	
13a. FATHER'S NAME <u>Charles Earl Dye</u>		13b. MOTHER'S MAIDEN NAME <u>Helen B. Barton</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. INFORMANT Address <u>Mrs. Helen Dye Savannah, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Automobile Accident</u> DUE TO (b) <u>Multiple Fractures</u> DUE TO (c) <u>(a) Legs, (B) Neck, (C) RT. Shoulder</u> (D) <u>RT. Hip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 hrs.</u>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Decease Jumped from hay wagon into</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>7:55 p.m. 6-13-57</u>		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on highway "D"</u>		20f. CITY, TOWN, OR LOCATION <u>002 COUNTY Andrew County Mo.</u>	
21. I attended the deceased from <u>June 13, 1957</u> to <u>June 13, 1957</u> and last saw him alive on <u>June 13, 1957</u> Death occurred at <u>7:25 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>Warren C. Barber</u>	
22b. ADDRESS <u>Savannah, Mo.</u>		22c. DATE SIGNED <u>6-15-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>6-16-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Flag Springs Cem. Savannah, Mo.</u>	23d. LOCATION (City, town, or county) (State) <u>Mo.</u>
24. FUNERAL DIRECTOR <u>Wm. A. Rich</u>		25. DATE RECD. BY LOCAL REG. <u>June 19, 1957</u>	
ADDRESS <u>Savannah, Mo.</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Robert Fulton</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Wm J. Rich* .....

Licensed Embalmer No. *4728* .....

P. O. Address *Laurie* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.